.	. 14								10	<u> </u>	717.	3//	
								Aç	Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD (071731) Effective October 1, 2003													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			11	•			F	ATE	FEE		RATE	FEE	
FOR			NUMBER F	a.ED	NUMBER EXTRA		84	BASIC FEE 385.00		OR BASIC FEE		770.00	
TOTAL CHARGEABLE CLAIMS			18 minus 20=		· 10		×	XS 9=		OR	X518=		
INDEPENDENT CLAIMS			4 mir	nus 3 =	•		7	X43=		OR	X86	86.00	
w	LTIPLE DEPEN	DENT CLAIM PI	RESENT				1.	-145= .		OR	·290=	290.00	
* If the difference in column 1 is less than zero, enter *0" in column 2							TO	TOTAL		OR	TOTAL	11460	
CLAIMS AS AMENDED - PART II Cotumn 1) (Cotumn 2) (Cotumn 3)								MALL I	ENTITY	OR	OTHER		
AMENDMENT A		CLAMS REMAINING AFTER AMENDMENT	18	HIGH NUM PREVIO	EST BEA DUSLY	PRESENT EXTRA	F	RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
OME	Total	· 18.	Minus		0	•	×	\$ 9=·		OR	X\$18=		
ME	Independent				φ	• /	,	(43-		OR	X86=		
Ľ	FIRST PRESE	ESENTATION OF MULTIPLE DEPENDENT CLAIM .						145=		OR	+290=		
								TOTAL IT. FEE		OR	YOYAL ADON, FEE		
4/19/05 (Column 1) (Column 2) (Column 3)										•			
HT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BEA	PRESENT EXTRA	٦	MTE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT B	Total	· 22	Minus	- 4	20	· 1		261		OR	xs#R	50	
ZEN	Independent	. 4	Minus	-	4	• .	l 7	(43•		OR	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						」 -	:45=		OR	+290=		
·							AD1	TOTAL NT. FEE		OR	TOTAL ADDIT. FEE	50	
(0	-17-05	(Column 1)		(Cotu	ന്ന 21	(Column 3)				_			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	_ ^	NUA PREVI	HEST HBER OUSLY FOR /	PRESENT EXTRA	F	LATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	41/	D][;	S 9=		OR	X\$18=		
MEN	Independent	•	Minus	+	∇C	•	11;	(43=		OR	X86=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						」 -	145=		ОЯ	+290=		
49 1	* If the entry in column 1 is test than the entry in column 2, write "0" in column 3. ** If the "highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "highest Number Previously Paid For" IN THIS SPACE is test than 3, enter "3."									OR	TOTAL ADDIT. FEE		
		imber Previously Patter Previously Pa	_14 C 04 The	IC CDACE	on hours the	ander T.		NT. FEE in the ap		z in co	tuma 1.		
	Pasers and Trade-had Office U.S. DEPARTMENT OF COMMERCE												